



LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET

TYPE OF SUBMISSION:

☒

NEW

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REVISED - Replaces _____
Current submission catalog number

☐

UPDATE - To _____
Current submission catalog number

☐

CHANGE IN CONTACT INFORMATION

Name: _____

Telephone Number: _____

E-Mail Address: _____

Date Submitted To Hospital/Division: _____ 2/28/00 _____

Approved for submission to LTCS Best Practice Committee

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Date Submitted To LTCS Best Practice Committee: _____ 3/8/00 _____

Approved for submission to LTCS Best Practice Catalog

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LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Restraint Reduction Project, Child and Adolescent Treatment Program

Function Category:

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PATIENT-FOCUSED

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ORGANIZATION

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STRUCTURES

Sub-category(s): Care of Patient

Heading: Behavior Management

Contact Person: Ken Layman, PA **Telephone Number:** (562) 409-7100

Hospital: Metropolitan State Hospital

The following items are available regarding this Best Practice:

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Photographs

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Video Tape

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Drawings

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Manual

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

Restraint and seclusion reduction has long been a quality indicator in the program's performance improvement plan. In July 1998 the program experienced an upward spike in occurrences. The program conducted a root cause analysis at that time to better evaluate factors causing the increase. The program put into place the recommendation as a result of the analysis but it was clear that a longer term approach was needed to implement substantive changes. In October 1998, the Program Director initiated a process action team (PAT) to evaluate and make recommendations to decrease the use of restraint and seclusion in the program.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Clarification of the issues was accomplished by benchmarking with like facilities, review of successful measures employed at other facilities, review of JCAHO materials, review of pertinent research articles, formal survey of all patients and staff in the program, evaluation of physical characteristics of units, patient consumer on the team, cause and effect analysis of months of high occurrence and an in-depth study of variables that effected R&S usage in the program.

3. **ANALYSIS** (Describe how the problem was analyzed.):

Tools employed in the analysis of data included review of data displayed on run charts, cause and effect diagrams, statistical review of the survey data, blue prints of the units, review of materials and discussion with expert consultants, consumers and staff. The team reached consensus and formulated recommendations through in-depth review and discussion and utilization of standard tools for reaching agreement. These included brainstorming, clarification, multi-voting, prioritization, and closure.

4. **IMPLEMENTATION** (Describe your implementation of the solution.):

Program management reviewed and discussed the team's work and developed an action plan to implement the recommendations. Major areas of recommendations included:

1. Staff Training and Support
2. Clinical procedures
3. Space and equipment
4. Policies
5. Planning/Peak Times/High Utilizers
6. Consumer Education /Involvement

5. **RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Significant decreases have been seen in the number of incidents since the implementation of the team's recommendations. Initially, restraint episodes decreased 25.4% from year ago levels during the 2nd quarter 1999. In July 1999, episodes decreased 44.5% from year earlier levels. Since completion of the staff training component, decreases in incidents have continued as well as the number of children placed in restraints. The numbers of PRN medications given to children are also significantly lower, pointing to the staff's intensified efforts to intervene sooner and more effectively in the escalation cycles of children in behavioral crisis.

6. **LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The restraint and seclusion reduction initiative is seen as a longer term project requiring perseverance and support from all levels of the hospital. The team was composed of staff who work directly with children and adolescents on both shifts, which allowed for frank discussions and ultimately greater "buy in" by staff.

Having a consumer representative on the team was critical, especially in designing the children and adolescent survey. Development and implementation of an action plan by management, including specifics of what needs to be done, time frames and those responsible by program management is needed to insure implementations of recommendations.